5

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

Mikera Manning, et al

Plaintiff(s),

v.

Detroit Officer Green et al

Defendant(s).
_______________________________________/

Case No. 2:16-cv-12688

Judge Stephen J. Murphy, III

Magistrate Judge David R. Grand

UNITED STATES MARSHALS SERVICE
2017 MAR -2 PM 4:56
DETROIT
EASTERN MICHIGAN

ACKNOWLEDGMENT OF RECEIPT OF DOCUMENTS

The following documents were delivered to the United States Marshals for service of process:

1) Order Directing Service/Reservice dated 12/9/2016
2) USM 285 and Summons form(s);
3) 4 copy(ies) of Complaint.

FILED
2017 MAR -3 P 2:32
U.S. DIST. COURT CLERK
EAST. DIST. MICHIGAN
DETROIT

Date: March 2, 2017

s/D. Allen
Deputy Clerk

ACKNOWLEDGMENT

UNITED STATES MARSHAL SERVICE

Date: 3-2-17

Janice D Edwards
Signature or Stamp

Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF Mikera Manning et. al	COURT CASE NUMBER [redacted]
DEFENDANT The City of Detroit et. al	TYPE OF PROCESS

SERVE AT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
The City of Detroit
ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
2 Woodward Ave Suite 500 Det. MI 48226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Isiah Williams 17301 Livernois Suite 401 Det. MI. 48221	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold Fold

Suite 500

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Yolanda Campbell	☒ PLAINTIFF ☐ DEFENDANT	313.415.3976	7/18/2016

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.____	No.____		

I hereby certify and return that ☐ have personally served ☐, have legal evidence of service ☐, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*	☐ A person of suitable age and discretion then residing in defendant's usual place of abode	
Address *(complete only different than shown above)*	Date	Time ☐ am ☐ pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including *endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRIOR EDITIONS MAY BE USED

PRINT 5 COPIES:
1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285
Rev. 12/15/80
Automated 01/00

Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF: Mikera Manning et. al	COURT CASE NUMBER: [redacted]
DEFENDANT: the City of Detroit et. Al	TYPE OF PROCESS:

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: Pauletta Green 4530 Police officer DPD

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*: 13530 Lesure st Det. MI. 48227

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Isiah Williams
17301 Livernois Suite 401
Det. MI. 48221

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Fold　　Fold

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Colondo Campbell	☒ PLAINTIFF ☐ DEFENDANT	313.415.3976	7/18/2016

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FORM USM-285
Rev. 12/15/80
Automated 01/00

partment of Justice
.ed States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF Mikera Manning et. al	COURT CASE NUMBER [redacted]
DEFENDANT The City of Detroit et. al	TYPE OF PROCESS

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Jason Lord CPL 4540

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
13530 Lesure st Det, MI 48227

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Isiah Williams 17301 Livernois Suite 401 Det. MI. 48221	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE ***(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):***

Fold Fold

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
[signature] Yolonda Campbell	☒ PLAINTIFF ☐ DEFENDANT	313.415.3976	7/18/2016

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. Department of Justice
United States Marshals Service

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PLAINTIFF
Mikera Manning et. al

COURT CASE NUMBER
[redacted]

DEFENDANT
The City of Detroit et. al

TYPE OF PROCESS

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
James Craig Chief of Police

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
1301 3rd st. Det. MI. 48226 Suite 751

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Isiah Williams
17301 Livernois Suite 401
Det. MI. 48221

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Number of parties to be served in this case

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Fold

Suite 751

Fold

Signature of Attorney other Originator requesting service on behalf of: Rolondo Campbell

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
313. 415. 3976

DATE
7/18/2016

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Address *(complete only different than shown above)*

Date

Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

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